

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	CID	DEP	CID	DEP	CID	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	CID	DEP	CID	DEP	CID	DEP
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TOTAL CLAIMS						